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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

BRIGHT'S DISEASE.

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Of Philadelphia

It is not my purpose in this brief communication to discuss the symptoms, pathology, or treatment of Bright's disease, but to take advantage of the wide circulation of this journal to urge upon physicians the great importance of always making careful examinations of the urine in nearly all cases that come before them.

I would make the broad statement that an examination that does not include both microscopical and chemical examination of the urine is faulty, and that a diagnosis and prognosis made without a clear knowledge of the condition of the kidneys as revealed by the urine, will, in many instances, be faulty, while the prognosis will oftentimes be set at naught by the sudden and perhaps fatal development of a disease of the kidneys that has been overlooked.

The very great prevalence of Bright's disease has become well known, even to the non-professional public, but the remarkably insidious nature of the disease has not been, and is not sufficiently recognized by the profession. That it is of the utmost importance that the disease should be recognized early in its course, is evident, when we realize that it is *absolutely curable* when taken in its early stages, and that even when well advanced, life can be indefinitely prolonged by a proper combination of therapeutic and hygienic measures. I have had an immense experience,

and a sad one, in connection with this disease in my own family, and I know whereof I write, when I speak of the extremely insidious nature of Bright's disease. I could cite innumerable cases, where the symptoms, calling the patient's attention to a departure from health, were no greater than in the following case, where, for seven or eight years, obstinate dyspepsia was absolutely the only symptom complained of. Had the first physician made a careful examination of this patient's urine, the *true cause* for the dyspepsia would have been found *in time to cure it*, and this young man, who left an interesting family, would have been alive to-day. From one physician to another he went, deriving no relief to his dyspepsia, until two short weeks before his death, a swelling of the eyelids called attention to his kidneys when it was too late. I have always felt that this valuable life was sacrificed to the carelessness of his physicians, for to repeat, that I may render it more impressive, no examination that does not include a thorough and careful examination (microscopically and chemically) of the urine has been properly and conscientiously made, and those who neglect this point are guilty of serious neglect of the patient.

There is no disease, absolutely none, that offers so few and such apparently insignificant symptoms of a general nature as does Bright's disease. Possibly it may be rather prolonged headache, some very slight dimness of vision, some vertigo, persistent dyspepsia, or, in very many cases, a general *bad feeling*, disinclination for exertion of any kind, weakness, malaise, roaring or throbbing in the ears (this latter being absolutely the only symptom in one of my cases, up to within forty-eight hours of a fatal termination), an ap-

pearance of ill-health, without any other symptom, and indeed, in many cases, not even this slight index of the disease going on within: for it has repeatedly happened that a man who supposed himself, and was generally considered to be in absolutely perfect health, has been first made aware that he is the victim of this disease, when undergoing an examination for life insurance. In one of my cases attention was first called to the kidneys from the complaint of the patient that he was uncommonly drowsy; he was inclined to heaviness and sleep whenever he sat down.

In several of my cases the first intimation of any disease has been an uræmic convulsion, in some instances terminating in death, without a return to consciousness, and a post-mortem has revealed the presence of Bright's disease.

Thus, then, we see that this most terrible disease offers, as a rule, but few evidences of its existence to our unaided senses, and we must, therefore, appreciate the fact that since the disease will not make itself known to us, we must be always on the lookout for it.

It is also of great importance that the presence or absence of the disease should be definitely ascertained, since a faulty action of the kidneys will act most deleteriously on any intercurrent affection that may attack the victim.

I believe the day will come (when the public thoroughly appreciate the importance of precautionary measures), when the public will seek the physician at stated intervals to have a careful examination of these important organs made; this, however, is too much to expect at present, but it is not too much to urge upon physicians always to include an examination of the urine in the investigation of every case.

And now a word as to this examination. I have repeatedly heard otherwise careful physicians enunciate a "snap diagnosis" of "Bright's disease," based upon the discovery of the presence of albumen in the urine, and I am convinced that the verdict of this dreaded disease, based upon these absolutely false premises, has hurried to the grave, through fear, many a person who had not the slightest disease of the kidney. It seems now to be a recognized fact that we may have, as Dr. Pavy expresses it, a "cyclic albuminuria;" we may, at times, have albumen in the urine of persons who are absolutely well; but if this albumen is persistent, and if, in addition, we find the continued presence of casts under the microscope, we can safely assume that there is some kidney derangement.

This examination by the microscope is not a trifling affair, and requires considerable practice, as does the use of the microscope for any other purpose. Hence, you should not trust your unaided self, unless you have considerable familiarity with the instrument. If you want a careful examination (and you always should want, and always procure it where the patient's means will allow), specimens should be sent to an expert microscopist. By adding five grains of salicylic acid to an eight-ounce bottle of urine, it will keep for examination for any reasonable time. I have had specimens thus prepared sent to me from as distant points as Mississippi.

In conclusion, let me again urge the importance of careful urinary examinations; they will redound to your patients' benefit, and will add materially to your own reputation, for you will thereby frequently unravel hitherto mysterious cases.

224 South Sixteenth street.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. J. M. DA COSTA.

Abscess of the Brain.

GENTLEMEN: I will commence my hour this morning by reading you the history and showing you the specimens of an extremely rare and interesting case, that will afford me the opportunity for some very valuable and practical remarks. These specimens are from a man who died eight hours after his admission into the hospital. He was a sailor on a British ship, and from the ship's surgeon we have a very intelligent history. On November 21 he first commenced to complain of pain in the left ear and in the frontal region, which compelled him to give up work, and he was very indisposed until the 27th of November. Then a free purulent discharge commenced from the ear, when the pain disappeared and he was able to resume work. On the next day, however, the pain recurred. On the afternoon of the 29th he was found in a profound slumber, snoring, from which he was only with difficulty aroused. His temperature was $101\frac{2}{3}^{\circ}\text{C}$. His respiration was noisy and at times difficult. The pupils were normal, and reacted normally. There was no paralysis or hyperæsthesia. He kept his eyes shut tightly, and would strongly resist efforts to open them. He was able with assistance to walk to the hospital, groaning all the while. He now became delirious. His bowels were moved, after which the respiration became somewhat more regular. Respiration was 20, pulse 52. He now vomited. On December 1, his pulse was 70, and his temperature $99\frac{8}{10}^{\circ}\text{C}$. He would take no food, so

was fed by nutrient enemata. December 2 his temperature was 99°. He entered the hospital on the afternoon of that day, when his pulse was 78, full and strong; respiration 20, and noisy; temperature 100½°. The left pupil was dilated, the right contracted, and the tongue dry: there were sordes on the teeth; the right arm and leg were paralyzed; ankle clonus was marked, and patella-tendon reflex on the left increased, normal on the right. There was much discharge from the ear, and some evidence of congestion of the lungs. He was given croton oil, and ice was applied to the head, and, as he was restless, morphia was administered hypodermically. There was now a little change; the muscles on the right side became relaxed, to be followed by spasm. The veins of the neck were so prominent, and his face so flushed, that he was bled twelve ounces, the blood, which was very dark, flowing slowly. The right pupil is now dilated, and the pulse becomes slower. There is no real result, as he is soon as bad as ever; he becomes restless, and the respirations grow shallow, and he dies from failure of respiration. Upon post-mortem, we find an abscess, containing about half an ounce of most offensive pus, in the left sphenoidal lobe of the brain, which does not have any gross or anatomical connection with the discharge from the ear. There is also meningitis along the fissures of Sylvius and Rolando, and the upper part of the brain is flattened. We have here then an abscess of the brain, with no means of communication, save by the lymph channels, with the ear. The lungs are much congested, the heart is slightly hypertrophied, the spleen enlarged, as are also the kidneys slightly, but they are not diseased. There is no evidence or history of injury anywhere.

The lymphatic glands about the junction of the small with the large intestine are enlarged, and Peyer's patches give evidence of a recent typhoid fever, probably occurring, according to Dr. Longstreth, about two months ago, though, of course, this can be little better than a guess. We will now discuss—

1. The connection of abscess of the brain with ear disease.

2. The symptoms of abscess of the brain.

3. Its cause and its probable connection with typhoid fever.

This is an exceedingly interesting case, and you will rarely encounter one so valuable.

Discharge from the ear undoubtedly is, sometimes, a symptom of abscess of the brain; you would suppose that the disease in the ear would run along and cause meningitis and abscess, and no one can say that this does not happen; we see it in scarlet fever, for instance. But we may also have the reverse condition; an abscess of the brain working slowly along until it bursts into the middle ear, then perforating the tympanic membrane, and discharging externally. I saw such a case some months ago. There was first earache, which passed off; then grave symptoms supervened, which varied from day to day, raising hopes doomed to disappointment, the ear discharging all the time, and after death not a trace of communication could be found between the ear and an abscess in the brain, and the connection must have been through the lymph spaces.

Thus, then, when you have both, either may be primary and both may co-exist without gross or anatomical communication. The unevenness of the pupils, one contracted, the other dilated; one-sided paralysis and spasm, great stupor, irregular respiration, and, above all, the slow pulse, all bespeak brain pressure, and are symptomatic of abscess. The flushed face and distended veins, only partially relieved by venesection, one-sided convulsions—all point to the same condition.

Brain abscess is generally caused by some local disease, as the extension of an inflammation from the ear, or the bones of the skull, or it is consequent on tumors or meningitis, or there has been some injury. It may be caused by heart disease, when a fibrinous plug is washed from the walls of the heart or from a valve and carried to the brain obstructs the circulation in and causes sphacelus of a part. But there is no heart disease here, so I am driven to connect the abscess in this case with the typhoid fever. It is likely that some vessel in the brain has been clogged (as happens with external vessels, and why not with those in the brain?), which has led gradually to inflammation and abscess.

General Catarrhal Œdema.

This case, gentlemen, possesses unusual clinical interest, as you will see when we develop it. We have a man who had always been healthy, and who came into the hospital on the 12th of November, saying that six days before he had "caught cold." He had some cough and expectoration, with pain in the chest and ankles. At the same time, his face, feet, and scrotum became swollen. The cough had declined when he entered the house, but the pains persisted, though without any swelling of the joints. The œdema of the face was gone, but that of the feet and scrotum persisted. Some moist rales were heard, his spleen was enlarged and his temperature was 102°. His urine and his heart were normal. Twelve years ago he had chills and fever. He was given quinine and diaphoretics, and under their use, passed fifty-five ounces of urine daily. On the 14th, the œdema was gone, but the temperature was near 101°. He was also given fluid extract of jaborandi in twenty drop doses. This caused profuse perspiration and, in a few days, he expressed himself as well. Repeated examinations have failed to detect the slightest traces of albumen; his heart and liver are normal; remember these facts, for they have an important bearing. Here we have acute general œdema without disease of the heart, liver, or kidneys. This condition generally comes from kidney disease, but there is none here. This man is strong and hearty in every respect. This is one of those rare cases where the inflammatory state similar to that which gives catarrh, affects the areolar tissue. There has always been a lingering belief in the minds of some clinicians that there may be a transudation of serum, not only from mechanical causes, not only from disease of the liver, heart and kidneys, but that it may be caused by an inflammation of the areolar tissue. The writers of the close of the last and the early part of the present century used to speak of "inflammatory œdema;" in those days this case would have been described as such. But it transpired

that, as our nicety of diagnosis advanced, many of those cases that had been called by this name, were found to be due to kidney disease and other causes, when, as so often happens, our clinicians, sailing away to the other extreme, dropped this disease altogether, and its occasional actual occurrence was overlooked. But here we have a case, where careful and repeated examinations fail to give any other cause. We might almost call it a new disease, it has not been worked up for many years. There has been some irritation (by cold) and inflammation of the areolar tissue and a consequent exudation of serum. We will give this man Basham's mixture for a few days.

Perinephritis: a Sequela of Typhoid Fever.

We have here a case very difficult of diagnosis. This young Englishman has had typhoid fever in this hospital, and early in November was discharged cured. Five days later he returned with a fever temperature—on the day of admission it was near 101° , the next day it jumped up to $104\frac{1}{2}^{\circ}$. This, of course, made us think of a relapse, but from the beginning he had pain in his back and difficulty in moving, and, moreover, the temperature was too irregular to sustain the idea of typhoid. There was no diarrhoea, and no spots, so we concluded that it was not a relapse. To-day his temperature is 101° , and his urine is normal. There have been, however, at times, irregularly, up to within the past five days, traces of albumen. There is no enlargement of the veins anywhere. It is always well to press the calves of the legs when you suspect phlebitis after typhoid. There is no heart lesion. He refers the pain to the right side just above the hip-bone, sometimes shooting over to the left. It is tender on pressure, and hurts when he moves the leg. When in the course of or after typhoid fever you have an irregular temperature, in nine cases out of ten you are going to have phlebitis.

This is a very puzzling case, but I am inclined to believe that we have some local inflammation in the loose areolar tissue around the kidney, some perinephritis. The local pain, the occasional traces of albumen, as some pressure is exerted on the structure of the kidney, the pain caused by motion of the leg, putting on the stretch the fascia and deep structures, all incline me to this belief.

We will poultice the loin, give opium to relieve pain, quinine and supporting treatment, and watch for pus; when sure of its presence we will aspirate.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, November 25, 1885, John A. Wyeth, M. D., president, in the chair.

Effects of Cocaine on a Cat.

Dr. Boldt presented the brain and medulla of a cat which he had subjected to an experiment with cocaine. Having encountered some serious symptoms from the use of cocaine, Dr. Boldt decided to make some experiments on animals with the drug, and, in the presence of Drs. Waldstein, Spitzka, and Brill, he injected eleven minims of a $3\frac{1}{2}$ per

cent. solution into a cat. The first effect noticed was upon the gait, which was leaping, with some dragging of the hind extremities, soon followed by convulsions, about forty in number; death taking place within twelve minutes. In the intervals between the convulsions the head was thrown up, the neck drawn back in a curve, the respiration simulated the Cheyne-Stokes. The rectal temperature after death was 104° .

The autopsy was made half an hour after death, and on cutting the dura mater a small quantity of dark-colored blood oozed out; the vessels of the pia mater of both brain and cord were intensely congested. There was an extravasation of blood in the fourth ventricle, also a small extravasation in the anterior part of the medulla, and minute extravasations throughout the brain. The right ventricle of the heart was over-distended with blood; the left was empty. The lungs were collapsed, and empty of blood. The gray substance of the cord was intensely congested. Death seemed to have taken place from paralysis of the respiratory centre.

Dr. Putnam Jacobi thought the phenomena described by Dr. Boldt pointed to vaso-motor irritation, causing contraction of the blood-vessels, analogous to that seen in local application of cocaine, and that death was due to contraction of blood-vessels in the lungs, with secondary obstruction to the circulation in the right side of the heart, rather than to direct effect upon the respiratory centre.

The president remarked that all the capillaries throughout the body being affected, the heart was paralyzed.

Dr. Boldt said that while that might be the case, clinical experience showed that the primary trouble was encountered in the respiration.

The president called attention to the danger of the use of ether or chloroform after cocaine, and mentioned a case in the practice of a distinguished surgeon in which death took place from the administration of chloroform after cocaine had proven unsuccessful. The same surgeon mentioned a similar case, ether being used instead of chloroform.

Carcinoma of the Uterus.

Dr. R. Van Santvoord presented a uterus, the seat of cancer, probably primary of the cervix, afterward involving the body. The clinical history had no special interest except that the woman had been delivered of a living child three days before death. At the autopsy, the cervix uteri was found eaten entirely away by the cancerous disease; the endometrium and vagina were infiltrated; the uterus was firmly adherent; the ureters were thickened; the urethra was ulcerated through. There was pigmentation of the omentum, intestines, retro-peritoneal glands, and of the broad ligament.

Tuberculosis of the Pharynx.

Dr. Van Santvoord also presented the pharynx, the seat of tubercles, removed from the body of a child, aged two years, which had been in the hospital four months with enlargement of the glands under the angle of the jaw on either side; there was slight cough, and a few days before death there seemed to be some difficulty with swallowing. The evening temperature was 102.5° .

At the autopsy, the enlargements on either side of the neck were found to consist of caseous lymphatic glands. The pharynx presented a roughened surface, with lenticular ulcers into the mucous membrane. The uvula was thickened and covered with granular elevations. The same roughened appearance was seen on the mucous membrane lining the nasal cavities. There were two small ulcers on the posterior surface of the larynx. Miliary tubercles were found in the lungs, upon the pleural surfaces, in the spleen, liver, kidneys, intestines, and the mesenteric glands were undergoing cheesy degeneration. Tubercular ulceration of the pharynx was considered to be a rare affection, although Mackenzie, of London, had seen a number of cases, and believed there were many more which were mistaken for syphilitic disease.

The Lesions of Hog Cholera.

Dr. Van Santvoord also presented the large in-

testine and stomach which illustrated the lesions of hog cholera. In the stomach was gastritis, and one ulcer, such as were characteristic in the large intestine. The ileo-caecal valve was swollen, and presented irregular breaking down ulcers; for about ten inches above the caecum the gut was intensely hyperæmic, and the entire mucous membrane was to some extent in a sloughing state. In the descending colon were enlarged solitary follicles, with depressed, slightly ulcerated centres, among other lesions, some oedema of the lungs, and enlargement of the mesenteric and retro-peritoneal glands were constant.

Dr. Delavan said, with regard to the case of tuberculosis of the pharynx, that the affection was a rare one, although some cases might have been overlooked or mistaken for syphilitic disease. He had seen three cases. A marked symptom was pain, at least in adults, dysphagia being very marked in one of the cases which he had seen.

EDITORIAL DEPARTMENT.

PERISCOPE.

Two Cases of Periosteal Sarcoma.

Trelat operated upon the following two cases of periosteal sarcoma of the leg in the Hospital Necker. They are reported by Déunci in the *Progress Medical*, xiii. 2, p. 24, 1885:

1. An 18 year-old girl who had experienced, six months before her entrance into the hospital, a lancinating pain in the right knee joint. This occasionally returned. Later, it localized itself in the malleolus internus of the ankle joint. The skin in this region became red, and the joint began to swell. This soon reached the size of an egg, and was supposed by the physician to be an abscess. He made an incision, and only blood escaped. At the time of her entrance into the hospital a tumor began to show, pointing behind the external malleolus, pretty solid, and sharply defined, and appeared to surround both bones. The inguinal glands were unaffected. Amputation of the leg was decided upon and done. The wound did not heal through first intention.

The tumor, which was half soft, did not show any bone tissue on being cut through. The tumor had broken through the corticle substance of the tibia, and bulged into the medullary portion of the bone and into the ankle joint. The malleolus externus and the astragalus were also sarcomatous in their superficial parts. Microscopic examination showed the fact that the tumor was a periosteal spindle and giant-celled sarcoma.

2. A young man, æt. 17, had, nine months previously, felt pain on the lower end of the left femur. Two months later a swelling appeared, and in four months he complained of pain in chew-

ing. This developed the presence of a tumor which it was difficult to map out, but which was growing very rapidly in the left inferior maxillary region. This tumor undoubtedly took its origin from the branch of the lower jaw. It began to ulcerate on the mucous surface, and formed granulations which were very rich in vessels, and easy to bleed.

The patient, on his entrance into the hospital, was very anæmic and cachectic, and had a distended swelling on the lower half of the left femur, which lay beneath the muscles. The tumor on the lower jaw became pretty diffuse in that region and had already reached the size of a plate. To remove the patient from the danger of death from threatening hemorrhage, Trelat made a resection of the left lower jaw. It was impossible to remove all the diseased tissue. That part of the tumor which remained above and below was treated with the thermo-cautery. The patient died three days after the operation, suffering from marked dyspnoea. The right lung showed dullness. On the under jaw the tumor originated from the inner surface of the periosteum and extended into the medulla. The right lung, in its middle and lower third, was completely strewn with sarcomatous nodules; the upper third was changed into a soft pap. On the thigh bone, the primary situation of the tumor, the periosteum was also found to be the starting point. Below the epiphyseal cartilage had formed a border to the tumor. Microscopic examination showed the tumor to be a fibro-sarcoma, with many round and few giant cells. In the tumor on the femur were found particles of bone. The metastasis in the lungs consisted of round cells. The rapid extension and generalization of the tumor is noteworthy.

On Some New Medicaments.

At the recent meeting of the Society of the Medical Staff of the Royal Charité Hospital, Prof. Senator gave a summary of newly discovered medicaments, reported in the *Berl. Klin. Wochenschrift*. He drew a comparison between the innumerable medicines as such and their value as medicaments, and pointed out that, although the advance made with regard to specific medicines for directly curing diseases was small, yet great progress has been made with regard to those which act symptomatically. This, he said, was of great value, for by their means the pains of many incurable diseases can now be diminished, and troublesome and threatening symptoms in curable diseases can be prevented or removed. Dr. Senator then gave a brief account of his own experiences of some exotic medicaments, that have as yet received little attention in Germany. Of purgatives, he mentioned tincture of cascara sagrada, euonymin, and trisin. The tincture of cascara sagrada he considers a non-irritant and very certain remedy. One great advantage it possesses is, that it can be taken for a long time without disadvantage. Dr. Senator prefers it to senna, because it is effective in smaller doses. With regard to euonymin, Dr. Senator refers to Rutherford's valuable experiments on its physiological effects, and mentions that it is used both as a aperient and as a cholagogue; but as a cholagogue he says it is difficult to form an opinion. At any rate, it is a certain and very drastic remedy, and for this reason cannot be taken continuously for a long period. From his own experience, Dr. Senator said he had nothing to communicate about trisin, but he considered there was not much reason for introducing it. He then mentioned two narcotics, extract of piscidia erythrina and hydrochlorate of cocaine. The extract of piscidia erythrina, recommended since 1845 in America as soporific, he has found very useful for neuralgic pains in the head, given in an evening in doses of about four and a half to eight grains. Hydrochlorate of cocaine he had applied with success to the mucous membrane of the urethra and the rectum, especially in connection with diseases of the bladder. As a remedy against the immoderate perspiration of phthisical patients, Senator mentioned picrotoxin, which he tried on the recommendation of Dr. W. Murrell. He had tried it in forty cases, in two-thirds of them with success. On the whole it was found to be almost as certain, as a remedy, as atropin or agaricin. Agaricin was used in the Giessen clinic as a substitute for atropin in 1883, and found to be preferable to the latter in this respect, that it could be used for a longer time.

Location and Treatment of Ranula.

Dr. E. Sonnenburg, in the *Archives für Klinische Chirurgie*, xxix., 3, p. 627, treats the above subject. He relates the following case:

A six-year-old girl showed, in a widely-opened mouth, a tumor, which fluctuated and was of a bluish color. It was situated in the floor of the mouth, and was elastic to the touch. This pressed the tongue upwards, and made speech and the taking of nourishment quite impossible. Wharton's duct was, on both sides of the tumor, free, visible, and readily sounded. The submen-

tal region was distended clear to the upper part of the thyroid cartilage. The extirpation was made through a six cm. long transverse incision in the region of the lower jaw. Still it was possible to free only the lower part of the cyst from the surrounding parts. On account of the great distension upwards, it was found necessary to evacuate the mucous purulent contents, and then through pulling forwards of the cyst walls, which causes the tongue also to follow, but finally freed the cyst from the soft parts. By means of examination by the finger it was found that the cyst was contained entirely in the substance of the tongue, and that only a thin shell of the muscles of the tongue was present. The bone substance of the lower maxilla was atrophic, and it projected past the superior maxillary three-fifths of an inch. On account of the falling back of the tongue, it was found necessary to draw this member forward with a thread. The wound, which was drained, healed in about fourteen days. The tongue appeared small, but in a normal condition, while the swallowing was good; but the speech was not yet distinct. The walls of the cyst showed a layer of epithelium. The contents consisted of mucus and pus cells.

The author has examined about fifty cases of ranula, and comes to the conclusion that they are in direct connection with the Blandin-Nuhn glands. There are two glands, situated at the apex of the tongue beneath the mucous membrane and the longitudinal muscular fibres formed by the styloglossus and longitudinalis inferior muscles.

In the operation, the author recommends the following proceeding: One inserts a curved needle into the cyst-wall above and parallel with the duct of Wharton, fixes the cyst-walls by means of threads, which, if possible, also fix the tongue substance; then make a cut parallel with the duct of Wharton, and dissect the anterior wall, which one can draw out by means of the thread. Cauterization or drainage are then unnecessary. Quite large cysts are best extirpated *in toto* from the regio-submental, which is not difficult.

In the author's fifty cases he observed no relapse.

Pasteur's Patients.

A despatch from Paris, under date of December 21, says that the four children, Austin Fitzgerald, Patsey Ryan, Willie Lane, and Patrick Reynolds, who were recently bitten by mad dogs in Newark, N. J., and sailed on December 9 in the steamship Canada, to be placed under the treatment of M. Pasteur, landed at Havre, all well. They reached Paris to-day, and proceeded to M. Pasteur's house. M. Pasteur, who had at first contemplated postponing until to-morrow the operation upon the children, concluded this afternoon that it would be best to permit no delay, and consequently the inoculations were made immediately. M. Pasteur personally performed the operations.

—The late Mr. Vanderbilt's bequests include one of \$100,000 to St. Luke's Hospital, and one of \$50,000 to the Home for Incurables.

THE
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JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE REPORTER IN 1886.

With the incoming of the new year the **MEDICAL AND SURGICAL REPORTER** will appear in new and larger type, and with the size of the page increased by several lines. This will not require a larger size of paper, therefore the next volume will not differ externally from that closed by the present number.

This change has been decided upon after consultation with a number of subscribers, and will, we are persuaded, be gratifying to all. The page will present a clearer aspect and be more easily read, while the difference in the amount of reading matter will be compensated for by the added length.

This is not the only improvement which is proposed for the ensuing year. We are enabled to promise a number of articles on subjects of practical medicine from the pens of the best clinical teachers of this country; and our arrangements have been concluded for the receipt of regular letters from the leading European medical centres, by which the earliest information as to all the important discoveries in medical science will be imparted to our readers.

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We trust that all our old subscribers will remain with us for another year; and should they incline to lend us their aid in extending our circulation by saying kindly words, the favor will be fully appreciated.

THE RELATIONS OF DEVELOPMENT TO USE.

Long before Darwin was born, the axioms had become trite that practice perfects, that use brings strength, that effort leads to power, the "will" to the "can." But it has remained to the naturalists of the latter half of this century to assign their full meaning to these aphorisms of ancient date. In proportion as the scope of observation extends, we learn how these laws govern and

have always governed the development of organic nature. We have also learned to study the reverse of the pictures they offer, and to appreciate how lack of use leads to atrophy, to debility, and to destruction.

An interesting study illustrating the power of these principles in reference to one branch of the animal economy, appeared in a recent number of the *Dental Cosmos*, from the pen of Dr. C. N. Pierce, of this city. Selecting the development of the teeth in the various genera of the animal kingdom as his theme, he demonstrates by a wide series of examples that their presence or absence, their form and prominence, their histology and their physiological character, all bear distinct genetic relations to the character of use or to the lack of use to which these organs have been applied, in anterior times, by the particular species under consideration. The article is drawn from such an extended range of comparison that we shall not attempt to epitomize it, and refer those who would pursue its reasoning, to the original.

What Dr. Pierce has here presented as an abstract of the natural history of the teeth could, with equal propriety, be carried out for all the organs of the body. Each will be found by the comparative anatomist and physiologist to owe all its peculiarities in different species to the kind and amount of use to which it has been subjected in this and previous generations. This simple fact is the key to all the mysteries of organic form and proportion.

A PECULIAR EFFECT OF CORROSIVE SUBLIMATE.

The bichloride of mercury is at present used a great deal for disinfecting purposes, and it is especially employed in large hospitals, where strict antiseptics is faithfully carried out. It has always been maintained that the drug, if diluted in the usual manner, caused no bad after-effects. Generally 1 in 1,000 is the solution applied to wounds, while 1 in 4,000 answers all antiseptic purposes. But that the first solution is not so innocuous as most seem to believe, is plainly proven by the following case:

Dr. J. C. Biddle, the well-known surgeon-in-chief

of the State Hospital at Ashland, who is perhaps to-day, outside of Philadelphia, the most reliable authority in our State on injuries, treats all his numerous surgical cases on strictly aseptic principles. Last week he had a patient with a lacerated wound, extending from the upper part of the thigh to below the knee, and connected with two large pus cavities. After these had been laid open, they were thoroughly washed out twice daily with a corrosive sublimate solution of 1 in 1,000. By the twelfth day, the thermometer showed an increase of 4° above normal, which temperature soon became continuous. The patient besides suffered from a severe diarrhoea, which did not yield to any treatment. Finally Dr. Biddle, on reflection, concluded that the symptoms, though greatly resembling septicæmia, were really caused by corrosive sublimate poisoning. He at once ordered the substitution of carbolic acid for the bichloride, with the result that within twenty-four hours the diarrhoea ceased and the temperature became about normal. About the same time, Dr. Biddle made a similar observation in a milder case, so that there is no doubt of the causal relation between the drug and the morbid symptoms mentioned. As a contribution to the literature on the subject the facts quoted are decidedly of great interest.

DR. RICHARDSON AND THE GUARDIANS OF THE POOR.

"If there is any disposition in the Board of Poor Guardians to displace Dr. Richardson as physician-in-chief of the Insane Department of the Almshouse, we hope the project will be defeated. Dr. Richardson has so borne himself in his responsible position as to merit a re-election. He is warmly endorsed by the most eminent physicians and experts in insanity in the country. His place is well filled by himself, and the Poor Guardians should not fail to keep it so by retaining Dr. Richardson."

So says the *Press*, and "so say we all of us," who have any respect for the eternal fitness of things. Dr. Richardson is, admittedly, one of the greatest and most competent alienists in this

country, and it is time for the "Guardians" to consult duty rather than "wire-pulling."

NOTES AND COMMENTS.

The Physicians' Clinical Record as a Gift!

All subscribers who remit for the full year 1886, before the 15th of January, will be entitled to a copy of the *Physicians' Clinical Record*. This is a very convenient memorandum book, adapted to contain the clinical record of one hundred cases of disease. It is neatly bound and suitable for carrying on the person.

In all cases, the remittance must be made for the full year, and direct to this office. Subscriptions sent through agencies will not be entitled to the gift.

Hypodermic Medication.

From Dr. Talbott Jones' address before the British Medical Association, we learn that Dr. Alexander Wood, of Edinburgh, in 1855, published an account of his method of introducing liquor morphia into the system by subcutaneous injection, which was the first recommendation of the hypodermic method. It is an important point to know that the cumulative action of drugs is less when thus given than by any other way; elimination commences sooner and is sooner completed. Dr. Jones advises us to look carefully into the graduations on the piston-rod of the syringe, for he has found them more often wrong than right. While recommending the tablets for hypodermic use, Dr. J. recommends us to make our own solutions, *when we are ready to use them*; the majority of solutions (especially weak ones) do not keep well. The acetate of morphia he prefers to any other preparation of this salt. A stock bottle may be made by half-filling with water (not distilled), a bottle that holds *exactly* one ounce; put in 40 grains of acetate of morphia and *exactly* four minims of acetic acid; shake and fill the bottle with water. This solution will keep (if corked and kept in the dark) for six months. It should only be opened to fill the case bottle. It may become a little darker, but this is immaterial. A most important question arises in connection with the dose; as a general rule, we may say that, other things being equal, the dose of a drug must be apportioned according to the body weight of the patient. The hypodermic use of morphia should be avoided, if at all possible, with children, and when demanded, after having made due allowance for body weight, we

should give no more than half the otherwise proportional dose. The initial dose should be from $\frac{1}{4}$ to $\frac{1}{2}$ of a grain. A solution of atropine will keep a little better if chloroform-water or camphor-water is used instead of plain water.

Atropia in Acute Coryza.

Dr. R. Gray, in the *Med. News*, December 5, 1885, says the first case in which he used atropia in acute coryza, was that of a man in middle life, who had "caught" a severe "cold in his head" several days previously. When he came for advice the disease had reached an extreme stage. There were severe frontal headache, a hot, burning sensation in the nose, forehead and cheeks, there was some conjunctivitis, and very profuse muco-purulent discharge, which was extremely irritating. The skin about the nose was irritated and inflamed, and the general condition was one of great misery. Atropia was given with the idea of decreasing the amount of the discharge. The dose was $\frac{1}{120}$ of a grain, repeated after four hours. It had a most marked effect, and the next day the patient was quite free from headache, heat, and swelling, and from discharge.

Since then the remedy has been tried in a large number of cases, in all stages of the disease, and at all ages, with uniform success. It is now his established practice, and is preferable to cocaine in this, that no local application is needed to the nose, thus saving a very painful manipulation.

The only objection that has been made to the treatment, is where the eyesight is troubled. But the dose needed to cure the coryza is not sufficient to produce much disturbance of vision. It is only necessary to influence the secretion, and an extreme degree of dryness of the throat and nasal passages is of no advantage.

Recto-labial or Vulvular Fistulae; Their Causes and Treatment.

Before the New York State Medical Association, Dr. Isaac E. Taylor read a paper on this subject in which he spoke of the comparative rarity of the condition. It was very liable to begin with a vulvar abscess, depending upon an inflammation of the vulvar glands, perhaps excited by injury during coition, masturbation, labor, direct injury, or in cold. A small tumor might exist in the labia prior to breaking down into an abscess, perhaps quite movable, and leading to the suspicion of an ovary in Broca's canal. The history of such a case seen by the author was given. The tumor constituting the suspected ovary broke, and gases

and feces escaped by the small opening. The pathognomonic symptom of vulvular fistula was the escape of air and thin feces. The vulvular opening was usually small, perhaps so small that it would be found with great difficulty. As to the treatment, he adopted the ligature, being in general the method employed by Barton between 1835 and 1840.

The method was simple and efficient, and in view of the great and serious difficulties liable to attend the use of the knife, he thought it deserved much more general employment. The elastic ligature was to be preferred.

Induction of Premature Labor by Electricity.

Dr. J. Syromatnikov, writing in the *Vratch*, on the induction of premature labor by means of electricity, mentions three methods: the external, where one electrode is placed on the sacral region, and the other over the uterus; the internal in which both electrodes are introduced *per vaginam*; and the combined, where both the former methods are made use of. In principle, the author prefers the internal method, but, in the case which he gives, he made use of both external and internal methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had been resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded, in the thirty-seventh week, to bring on labor by the use of the primary coil of a Spärner's induction apparatus, with a single element. This produced pains in an hour's time; during the next few days, the electricity was employed for ten minutes at a time, twice daily. Within a week, the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barnes's bags. Podalic version was performed, and a living healthy child extracted. The patient recovered satisfactorily. The author thinks faradization is but seldom used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.

Antiseptics in Midwifery.

Dr. S. H. Owen thus writes in the *Brit. Med. Jour.*, September 26, 1885:

At a recent meeting of the Association at Cardiff, the value and importance of antiseptics in ordinary, as well as in operative, midwifery were strongly advocated. That the hands of the accoucheur should be washed in antiseptic fluid before making a vaginal examination, and that all

instruments should be similarly treated before use, were clearly and forcibly enjoined by Dr. Gervis. Beyond this preliminary washing, the use of some lubricant for the hand of the operator, as well as for any instruments that may be employed, is generally considered necessary.

In order to carry out fully the principle of cleanliness, the lubricant itself should be antiseptic. I should like to suggest for this purpose the following:

R. Hydrarg. perchloridi,	gr. ij.
Olei eucalypt.,	3j.
Adipis benzoati,	3j.

This combination has the advantages of thorough antiseptics, a right consistence for lubricating purposes, and a pleasant odor. Its use may be extended with great advantage to the hospital out-patient room, where the examining hand is much more frequently itself infected than the source of infection to the patient.

CORRESPONDENCE.

Living with a Bullet in Her Brain.

EDS. MED. AND SURG. REPORTER:—

On January 10, 1882, a two year-old child of a Mr. Newhart, while standing in a doorway was accidentally shot by a lady who was carelessly handling a gun. The ball penetrated the right temporal bone just above the centre. The child, uttering a scream, fell unconscious to the floor. I arrived in two hours, and found brain matter oozing from the wound. I probed for the ball, but thinking that it had passed through the brain, struck the opposite side of the skull and glanced off, I desisted from any further attempts at finding it. I kept the child on pot. bromid., and treated the symptoms as they arose. The external wound healed inside of ten days. There was complete paralysis of the right arm and leg, showing that the left side of the brain was injured. At first the child was entirely blind and deaf, but after several months the left eye and ear regained their functions; and within the last year sight and hearing have been restored. On the other side, the paralyzed limbs are also regaining their strength, and now, at the age of five, she is for the second time learning to walk. She is taller and nearly as heavy as her twin brother. Her intelligence is somewhat affected, but is improving. She is subject to epileptic fits, but is otherwise to all appearances well. She has also passed through several severe sicknesses since the injury.

N. C. MILLER, M. D.

Stroudsburg, Pa.

—Dr. D. F. Lincoln was awarded the second prize for the best essay on School Hygiene, as offered by Mr. Henry Lomb, of Rochester. The committee of the American Public Health Association did not award any first prize.

NEWS AND MISCELLANY.

Hepatic Abscesses in Peru.

In an interesting clinical lecture on Abscesses of the Concave Surface of the Liver, by Dr. Romero, published in the organ of the Lima Academy of Medicine, *El Monitor Médico*, several patients were referred to, showing the gravity of these cases as compared with those of abscesses affecting the upper or convex surface of the organ. Having detailed the anatomical relations of the two surfaces, the lecturer pointed out how, in the former situation, abscesses produce hemorrhoids, hemorrhages, icterus, deformity of the abdomen, œdema of the inferior extremities, vomiting, indigestion, diarrhoea, and sometimes open into the stomach, duodenum, transverse or descending colon, or even into the peritoneal cavity. Rarely, also, they extend to remote regions, and have been known to point in the right iliac fossa. Dr. Romero has long remarked that the prognosis is worse when a hepatic abscess opens into the intestine than when it discharges itself by the bronchi. In the former class of cases, the lesion is situated amongst more important anatomical structures, as the vena cava inferior, and other large vessels, the coeliac axis, pancreas, and stomach; and, when perforation occurs into the intestinal canal, there is nothing but the weight of the pus itself to cause its evacuation; whereas, when an abscess on the upper surface of the liver forces its way through the diaphragm, and perforates a bronchial tube, the presence of the pus in the tubes sets up a constant irritation, resulting in continual coughing, which greatly assists in its expulsion and the evacuation of the abscess.

Items of Interest about the Pennsylvania Hospital.

There is a long chapter of interesting things about the Pennsylvania Hospital. It was there that Dr. Bond introduced the first course of clinical lectures for the instruction of medical students in this country. It started the first medical library, now one of the most valuable in the world. During the Revolution it was occupied by the British army, which despoiled it of its bedding, instruments, and everything of value. Stephen Girard's wife, who became insane, is buried in the hospital yard, and near by is the grave of Girard's only child, born while she was there. Had that child lived, the orphans of Philadelphia probably would not have become his heirs. It was there that the sufferers from the terrible epidemics of Philadelphia were treated. Out of the overcrowded condition of the place the Blockley Hospital and Almshouse came into existence. It furnished the nucleus for a medical museum. From its physicians and surgeons originated the greatest improvements in medical and surgical practice and appliances up to fifty years ago. It was the first fostering influence of pharmacy as an art in this country, and imported skilled chemists and compounders of medicine from abroad. It was the first medical institution in the country, if not in the world, to admit women as students to the clinical lectures, and out of this came the Women's Medical College of Philadelphia, which is sending women physicians as practitioners and missionar-

ies all over the world. Many more things of importance and great public interest have had their rise in the Pennsylvania Hospital.

A Life Saved by Telegraph.

A young lady residing at Big Indian, New York, took an ounce of laudanum recently. The parents went to the railway station to telegraph Dr. Schley, at Pine Hill, three miles west, to come quickly. The operator working the Big Indian wire in the main office of the Western Union Telegraph Company in New York, having overheard the message summoning Dr. Schley, asked the operator at Big Indian about the case. Learning the situation of affairs, and, appreciating the necessity of immediate medical treatment, he consulted with two brother operators on duty at the time who had graduated from a medical college in New York. These two operators then told the Big Indian operator what remedies should be applied, and gave full directions as to treatment.

Following their directions, powerful emetics were administered, which proved effective. They also prescribed vigorous rubbing and whipping with small twigs to keep the girl awake. Dr. Schley, who arrived an hour later, said the girl's life could not have been saved had not she been treated so promptly. Her effort at self-destruction resulted from a love affair.

The University of Pennsylvania.

The Catalogue and Announcement for 1885-1886 of the University of Pennsylvania, just issued, shows a student population of 1,028, distributed among the College Department and the Departments of Medicine, Dentistry, Veterinary Medicine, Law, Philosophy, Biology, and Post-graduate course in Law—an increase of twenty-eight over the roll of two years ago. This is, however, in the schools of Veterinary Medicine, Dentistry, and Law. The leading departments of letters and medicine show a falling off—the one of thirty-six, the other of three matriculants. Meantime the staff of instructors of all grades in the institution has been increased from 132 to 148. The only deduction from this standstill in receipts and increase in expenses is that the University is giving more to the public than the public gives to it. The 160 pages of the college publication contain a curriculum which is sure to more than meet the demands of the ordinary father in search of a place of instruction for the ordinary son. It is in trusting their youth for training at the State institution when that institution has proved itself worthy of the trust, that the people of the State owe it a duty of support higher than that of gifts and bequests.

Registration of Diplomas.

MEDICO-CHIRURGICAL COLLEGE,
PHILADELPHIA, Dec. 1, 1885.

Section 4 of the Pennsylvania Registration Law of 1881, requires that diplomas from outside of the State must receive the endorsement of a recognized medical faculty within the State before registration; but before giving such, the faculty must be satisfied as to the qualifications of the

applicant, and as the endorsement of a diploma is an acknowledgment of the qualifications of its holder as well as of its genuineness, the faculty of this College desires to announce that it will endorse no diploma for registration until the holder thereof passes a satisfactory medical examination. The fee for such examination is \$30.

P. D. KEYSER, Dean.

W. F. WAUGH, Secretary.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended December 12, 1885.

Yemans, H. W., passed assistant surgeon. Granted leave of absence for fifteen days, December 7, 1885.

Bratton, W. D., assistant surgeon. When relieved, to proceed to San Francisco, Cal., December 12, 1885.

Norman, Seaton, assistant surgeon. Appointed an assistant surgeon December 11, 1885. Assigned to duty at New York, N. Y., December 12, 1885.

A Miner's Fall of 1200 Feet.

While seven men were being hoisted to the surface in the Solferino Mine near Nevadaville, Gilpin county, Colorado, recently, a rack fell and struck Archaleus Warren on the head, knocking him out of the bucket, 480 feet from the surface. An exploring party found a piece of jaw-bone at the 1200-foot level, and a piece of his skull at the 1300 foot-level, where his coat was also found. His body fell about 1200 feet in all.

A Question of Sanity.

"No, sir; I haven't seen the will, but I propose to fight it. My uncle was crazier than a loon, and couldn't make a will."

Lawyer Filchem: "But I drew it for him, and know that he bequeaths his entire estate to you."

"Is that so? Then just consider yourself retained to defend the instrument. I propose to protect my dear uncle's memory to the farthest extremity."

Academy of Surgery of Philadelphia.

The annual address before the Academy of Surgery of Philadelphia will be delivered by Dr. R. J. Lewis, on Wednesday evening, January 4, at 8 o'clock, at the hall of the College of Physicians. Subject, "Impediments to the Progress of American Surgery." The profession is invited.

OBITUARY NOTICES.

ALBERT H. SMITH, M. D.

This distinguished gynecologist and polished gentleman died, after a lingering illness, in this city, December 13. He was born July 19, 1835. He held many prominent positions, and was a frequent contributor to the columns of this journal. He was not one of the men whose names are often in the newspapers, yet if any Philadelphia doctor had been asked to mention some of the members of his profession who had especially

earned distinction and success, he would have put Albert Smith's name high up on the list. In no profession does personal character count for more than in medicine, and the special direction of a physician's achievement is likely to be determined largely by personal characteristics and temperament. The man who combined, as Dr. Smith did, the qualities of strength and tenderness, a masculine force and dignity with a more than feminine refinement, almost inevitably developed that line of domestic practice which, while it brought no public notoriety, did bring wide distinction in his profession and the devoted affection of a large clientele. He had been recognized for some years, though still a young man, as one of the leading obstetricians of Philadelphia, and he was one of the men whose advice as a consultant was eagerly sought by elders as well as juniors.

PROFESSOR JOHN C. DRAPER.

Professor John C. Draper died at his residence, Lexington Avenue, near Forty-eighth street, New York, December 20. He was Professor of Chemistry at New York University Medical College, lecturer at the College of New York, author of text-books, and contributed to scientific monthlies.

Personal.

Prof. A. P. Grinnell, M. D., of the University of Vermont, will give the course of lectures on the Practice of Medicine, at the Long Island College Hospital, the ensuing year.

Items.

—The physicians of Wilkes-Barre have formed a black-list of patients who do not pay their bills.

—The total number of matriculates at Rush College, Chicago, is 406; at the Chicago Medical College, 120; and at the College of Physicians and Surgeons, 160.

—Prof. C. A. Lindsley, M. D., has resigned the position of Dean of the Medical Department of Yale College, and Dr. Herbert E. Smith has been appointed his successor.

—In the *Boston M. and S. Jour.*, December 3, Dr. Wm. B. Little reports a case of removal of a tumor of the left thigh adherent to the sciatic nerve, with excision of a portion of the nerve.

—Charles Gilman Smith, M. D., of Chicago (Medical Department, University of Pennsylvania, 1851), has been elected orator for 1886, by the Alumni Association of the Medical Department, University of Pennsylvania.

—Owing to the decrease of cholera, instructions have been given to discontinue the services of most of the sanitary inspectors of the Marine Hospital Service attached to the United States consulates in Europe. The inspectors at Mediterranean and Cuban ports will be retained for the present.

DEATH.

MUSSER.—September 12, 1885, in Lancaster, Pa., Dr. F. M. Musser, aged 35 years.

